

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: Belt Clip for Hand-Held Power Tools

Title Line Two::

Attorney Docket Number:: 54525.000105

Request for Early Publication?:: YES

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

### **Applicant Information**

Applicant One Authority Type:: Inventor

Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant One Given Name:: Mark  
Middle Name:: Alan  
Family Name:: Etter  
Name Suffix::  
City of Residence:: Jackson  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of Mailing Address Line One:: Porter-Cable  
Street of Mailing Address Line Two:: 4825 Highway 45 North  
City of Mailing Address:: Jackson  
State or Province of Mailing Address:: TN  
Country of Mailing Address:: US  
Postal or Zip Code:: 38305

Applicant Two Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant Two Given Name:: Daniel  
Middle Name:: Paxton  
Family Name:: Wall  
Name Suffix::  
City of Residence:: Jackson  
State or Province of Residence:: TN  
Country of Residence:: US

Street of Mailing Address Line One:: Porter-Cable  
Street of Mailing Address Line Two:: 4825 Highway 45 North  
City of Mailing Address:: Jackson  
State or Province of Mailing Address:: TN  
Country of Mailing Address : US  
Postal or Zip Code:: 38305

Applicant Three Authority Type:: Inventor  
Primary Citizenship:: US  
Country:: US  
Status:: Full Capacity

Applicant Three Given Name:: Alan  
Middle Name:: Gene  
Family Name:: Phillips  
Name Suffix::  
City of Residence:: Jackson  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of Mailing Address Line One:: Porter-Cable  
Street of Mailing Address Line Two:: 4825 Highway 45 North  
City of Mailing Address:: Jackson  
State or Province of Mailing Address:: TN  
Country of Mailing Address : US  
Postal or Zip Code:: 38305

### **Correspondenc Information**

Correspondence Customer No.: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

### **Representative Information**

Representative Customer Number:: 21967

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	09/972,980	10/10/01

### **Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::